PLEASE WRITE

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

100

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			•••••••••••••••••••••••••••••••••••••••	State Maryland County Dorchester		
City or town(If	outs Cambridge	mits, write	RURAL and give nearest town)	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, Institution, or	of death?	Yr 7	Mo. 12 days.	(If outside city or town limits,		
How long In hospital o	n Shore St	ate Ho	sp. 7 No. 12 Days.	(If rurol, give LOCATION) 2.(a) If veleran, name war		
3. (a) FULL NAM		- 4			3. (b) Social Security 1	Number
J	oseph Wash	ington	Ashmead		None	
4. Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	0.1		1.7.70	6.18	.0.20 D
			ngle	2D. DATE DF DEATH		
6.(b) Name of husband	or wife	******************	***************************************	Dec. 7		
7. Birth date of		6.	(c) If alive, give ageyears	and that I last saw halive on	ulv 19	19.47
deceased (mo., day.	yr.)	uly?	1868	Immediate cause of death		
8. AGE: Year	s Months	Days	If less than one dayhrs min.	renal-vascular disea		
9. BirthplaceSm	iths Islan	d Mar	yland.	Due to		***************************************
1D. Usual occupation.	Waterman			Due to.		***********************
	s Fishir			Due to	***************************************	
ad I		-,		Dither conditions Cellulitis	ofboth feet.	davs
Em	Accomac Co					
04			3-1-1 ₂ . (4	(Include pregnancy within 3 m		
THE TALL THE THE THE	nancy r	A STEED A	1 1/ 1 1	Major fiedings of operations		
			d, Maryland			
16. Informant	Hospital	record		Autopsy resolts	ch death should be charged	statistically.
Address	. 0		h an '10.11	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
17. 70 ·····	i, or remount Which	Date the	7 - 22 - 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Comptery To exempt	of re	ula	wi	Where did Injury occur?(City or town)	(County)	(State)
	mlud	•	ma	Injured at home, farm, Industry, public place (who		
	. /	+ 9	OTP	Msans of injury	Injored at work?	
18. Funeral director.			R. Jhamas	Da set	34	(,
Address CC	mlud	sen.	ma 1	23. SIGNATURE Labers 6	. Haran	W4.0
10 n-V	7 19 47	V. Vol	m Marg. Ju. 14			or other
(Date rec'd by re	egistrar)	/	Registrar	Address	Date signed?	/19/47



* 4104 SE

2411 N. Charles St., Baltimore

05975

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale ON OUNTY County DYCLAES FOR City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) tf veteran, name war.
3.(a) FULL NAME Otis Askins	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single. married, wildowed, or divorced Midovved	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 8 1947 at 1:30 A M
6,(b) Name of husband or wife	21. I CERTIFY that deafh occurred on the date above stated; that t attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Option Control
9. Birthplace Hicks buyo Dor Co Md (Town, county and state)	Due to
10. Usual occupation Farming 11. Industry or business Farm	Due to
12. Name Garrison Askins 13. Birthplace Dorchester Co Md.	Other conditions
14. Maiden name Eliz, Connon 15. Birthplace Hurlock, Dor. Co. Md	Major findings of operations.
18. Informant Helen Askins	Autopsy results
Burial, cremation, or removal. Which?) Date thereof July 13 1947 (Burial, cremation, or removal. Which?)	22. VIOLENCE: tf death was due fo external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory Salem Cem. Location Salem Dor. Co. Md	Where did injury occur?
18. Funeral director. M. M. Brllair & Son. Address Clessibirelye, M. Cl.	Meens of Injury Injured at work? Huy Stule M.
19. July 11-19 47 John Mare James Registrar	33. SIGNATURE M. D. or other Address Cambrilgs MM Bafe signed 7/11-1947



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PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05976

CERTIFICATE OF DEATH

/ •	Rog. Diat. No		
1. PLACE OF DEATH: County Or town. Phasalana Passalana (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County Danishagates.		
How long in above place of death? Hospital, Institution, or street address where death occurred: Heav Eldorado	City or town		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Emily 7. Brinsfield	3. (b) Social Security Number Uone		
4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced Temple White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4. 9 4. 4		
6,(b) Name of husband or wife Dariel H. Brinsfield 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above slated; That attended deceased from 18 4 3 10 10 25 19 4 9 and that I last saw h 1 alive on 1944		
1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo., day, yr.) Qetaber 31, 1862 1. Birth date of deceased (mo	Immediate come of death DURATION Settern Selections 44400		
9. Birthplace Dorchester Courty Thangland (Town, county (and state)	Due to		
tt. Industry or business			
12. Name Jora Mc allister 13. Birthplace Dorchester County, Maryfand	Other conditions		
14. Maiden name Ellew Horseman Waryland	(Include pregnancy within 3 months of death) Major fieldings of operations		
16. Informant Mrs. Ruth C. Lowe Address Phodesdale Maryland R.J.D.	Autopsy results		
17. Burial (Burial, cremation, or removal. Which?) Date thereof. July 27 1947 (manth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Vienna Cemetery	Where did Injury occur?		
tB. Funeral director. L. J. Frampton and Son	Msens of Injury Injured at work?		
Address teldelalesburg maryland	23. SIGNATURE N. 5. / Cullman		
19 (Date polity registrar) 1947 That Hashing Registrar	Address Sharptorn Wed Date signed 1/20/67		



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05977

CERTIFICATE OF DEATH

1		Reg. Dist. No.
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town	City or town (1f outside city or town limits, write RUKAL and give newest toyn)
1	Hospital, Institution, or street address where death occurred: Bending of Indian Land Harmital How long in hospital or institution? 42 housen 55 min.	Street No
	3. (a) FULL NAME	2.(a) If veleran, name war
	4. Sex 5. Color or race 6.(a) Single, married, fidowed, or divorced Temple White Single	MEDICAL CERTIFICATION
	6.(6) Name of husband or wife.	20. DATE OF DEATH
	7. Birth date of deceased (mo., day, yr.) July 15, 1947 8. AGE: Years Months Bay 15 less than one day	and that I last saw h
	1 18 hrs. 5.5 min.	Prenatuity and Emmatuity
	9. Birthplace	Due to 3.0-32 tweelen gentation
	11. Industry or business 12. Name Hullace Alauius Buyant	Other conditions
	12. Name Hallace Aloyaina Bryant. 13. Birthplace Narhington D. Bryant. 14. Malden name Margaret Elinabeth lighti	(Include pregnancy within 3 months of death)
	15. Birthplace Harbaii	Major findings of operations. Date of op.
	Address East hew hacket, harland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. V10LENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal, Which?) Cemetery of Crematory (Particular Company) Cemetery of Crematory (Particular Company)	Accident, suicide, or homicide
	Location Carulridge Md	injured at home, farm, industry, public place (where?)
1	Address Caulify M.d.	23. SIGNATURE L. O. herelith M. D. or other
	19. Date rec'd by registrar) 19. 47 Police March 19. Registrar	Address Combules has and Bate signed of the 16.1949

JUL 23 1947

STREAM : BY

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2411 N. Charles St., Baltimore

05978

DURATION

-		m	2.7	/
к	62.	Dist.	NO.	

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County Dochestes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: (a combridge - manyland Hospital How long to hospital or institution? day 11 hours 143 humila	Streel No
3. (a) FULL NAME Katherine Antoinette Byout	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildwed, or divorced Female White Line (e	MEDICAL CERTIFICATION 20. DAYE DE DEATH. July 16. 19 47 18.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 15, 1947 8. AGE: Years Months Bays If tess than one day	and that I last saw h
9. Birthplace Carbada Portal Hospital (Town, county, and state)	Prenature and immeturity Due to 30-32 weeks gestallow
10. Usual occupation. Transferrit	Due to
11. Industry or business 12. Name	Diher conditions
14. Maiden name margaret Cligabett Listi 15. Birthplace Howaii	(Include pregnancy within 3 months of death) Major findings el operations.
16. Informant hargaget Clinabeth Byout	Autopsy results
17	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cometery acremany Dreenlawy Location Cambridg md.	Where did tojury occur?
18. Fueral director Kerentth K. Homas Address Cambridge M. A.	Means of injury lojured al work?
19. Lula 20 19 47 John Maceformi Registrar	23. SIGNATURE M. D. or other Address Caubuse May land Date signed July /

ADING INK. Supply every item of information, Physicians: please write the causes of death cle MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF.

ly. The correct age degibly.

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BINDING

FOR

MARGIN RESERVED

RECEIVED

JUL 26 1947

BURBAD V B.

CEDTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Dorchester (If outside eity or town limits, write RURAL and give nearest town) Street No. RFD # 1 (If rural, give LOCATION) 2.(a) If veteran, name war. MEDICAL CERTIFICATION 20. OATE OF DEATH July 9, 19.47, 21.7:50A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3, 19.47, to July 9, 19.47, 21.7:50A
City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 18 Months Hospital, institution, or street address where death occurred: Cambridge Maryland Hospital How long in hospital or institution? 1 Week 3. (a) FULL NAME Charles De Marteleire 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Widowed 6. (b) Name of husband or wife Mary L. Fallon	City or town Rural - Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. RFD # 1 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. OATE OF DEATH July 9. 19.47. 21.7.50A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3. 19.47. to July 9. 19.47.
Cambridge Maryland Hospital How long in hospital or inslitution? 1 Week 3.(a) FULL NAME Charles Dr Marteleire 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widowed 6.(b) Name of husband or wife Mary L. Fallon	(If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. OATE OF DEATH. July 9. 19.47. 21.7.50A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3. 19.47. to death 9. 19.47.
Charles Dr Marteleire 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed White Widowed 6.(b) Name of husband or wife. Mary L. Fallon	MEDICAL CERTIFICATION 20. DATE OF DEATH
Male White Widowed 6.(b) Name of husband or wife Mary L. Fallon	20. OATE OF DEATH July 9. 19.47 at 7:50A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3. 19.47 to July 9. 19.47
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Died 6/16/1942)	and that I last saw it is alive on July 9 19.4.) Immediate cause of death DURATION Due 10. Anderso a clerotic hapking when
11. tndustry or business 12. Name Not Known 13. Birthplace 11 ft	Dither conditions Other condi
14. Malden name. Not Known 15. Birthplace 11 11 16. Informant Mrs. Margaret Slacum Address RFD # 1. Cambridge, Maryland.	Autopsy results
Rurial Date thereof Tuly 11 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Greenlawn Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland. 19. July 10-19-27 John Marsh mu	Injured at home, farm, industry, public place (where?) Msans of injury tnjured at work? 23. SIGNATURE. M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. 9-45-15M VS A15



05981

CERTIFICATE OF DEATH

Reg. Dist. No. 116

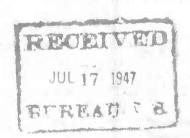
-		CERTIFICA	L OF DEATH	Reg. Dist. No	TTO
1. PLACE OF DE	ester		2. USUAL RESIDENCE (HOME (For newborn infants give residence)	e of mother)	
City or fown	eal-Cambr outside city or town ling of death? One street address where d	idse nits, write RURAL and give nearest town) Month	State Maryland City or town Rural-Camb	nidge imits, write RURAL and give n	nearest town)
RFD	# 3	ream occurred.	Street No. RFD # 3	give LOCATION)	
How tong in hospitat or	r Institution?	(NO)	2.(a) If veteran, name war		
3. (a) FULL NAM	Sarah	Elizabeth Wroten E	dger	3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Widowed	20, DATE OF DEATH. Jul	y 14, 19 47	2:30Pm
Wm. Edge		W. Wroten(10/17/1924	and that I last saw h alive on	19.47 10 July	19.4.7
8. AGE: Years	Months	Days I if less than one day	Immediate cause of death		
		29min.	Mraemac	2	5 dage
9. Birthplace Dorchester County, Maryland. (Town, county, and atote) 1D. Usual occupation. Domestic			Due to Condia Res	Szudien	
11. industry or busines			Due to		***************************************
置 12. Name San		irwin	Other conditions Chile Leve		10-12
	Elizabe	th Ann Mace	(Include pregnancy withi		
∑ 15. Birthplace	aryLand			Date of op	
tB. informant Mrs.	3. Tilden	Rue	Aulopsy results		
		idge, Maryland.	22. VIOLENCE: If death was due to externa		ra statisticany.
17 Buria] (Burlsi, cremation	or removal. Which?)	Date thereof July 16, 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
		wn Cemetery	Where did Injury occur?(City or tox	wn) (County)	(State)
1		arvland.	Injured at home, farm, Industry, public place		032032000000000000000000000000000000000
18. Funeral director	JeCompte 1	s Funeral Service	Means of injury	tnjured al work?	
Address Camb	oridge, M	aryland.	(23. SIGNATURE TOD. B.	Thrines !	M. 8
19 Date rec'd by re	gistrar)	John Mary Gegistrar	10 10	M. D. M. Date signer	July 16/4)

WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and le

PLEASE WRITE PLAINLY, is especially

VS A15

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 15988

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State Md. County Novelusture
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	"
3. (d) FULL HAME 1800	3. (b) Social Security Number
Tobert Thummer bliots	214-07-8910
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. July 22 1947, 21 M
8.(b) Namerof husband or wife Callenger livette Matallan	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
Cleatt 6.(c) If allve, give age 55 years	Guna 1047 10 Chely 22 1847
I I. Birth date of	and that last saw h MA alive on July 18 19 47
deceased (mo., day, yr.) ///av. 203, /883	Immediate cause of death
8. AGE: Years Months Days if less than one day	Paranary Hirombosis humites
64, 3, 127hrsmin.	
a Richard church Hill Luceullune Co	10 Ks = 10 Marion and that I MAR I
9. Birthplace (Town, county and state)	Due to.
10, Usual occupation Launtes	
11, Industry or business / 6 000	Due to
12. Name to final balleotte 13. Birthplace Level Anna (20 /Kd.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name to la abeth Severy 15. Birthplace week fland loof Ml.	
15. Birthplace Luco Milland Loof Ml.	Major fiadings of operations
2) 15. Birinplace (1997) + 0 & 10 · -+	
16. Informant 1 1 2 Kalente - Collecte	Autopsy results
Address Le cretary, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 1 July 25,1947	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Assert Holl	Where did injury occur?
Colo to toot nod	Injured at home, farm, Industry, public place (where?)
Location X O Control of the second of the se	
18. Funeral director dallacine & few many ton	Means of injury Injured at work?
Address Caston Than	WOLTANISM MM
July out - un Wastellastin	23. SIGNATURE
19. Chato redi by registrar) Registrar	Address Awolock Ma Date signed 724/47





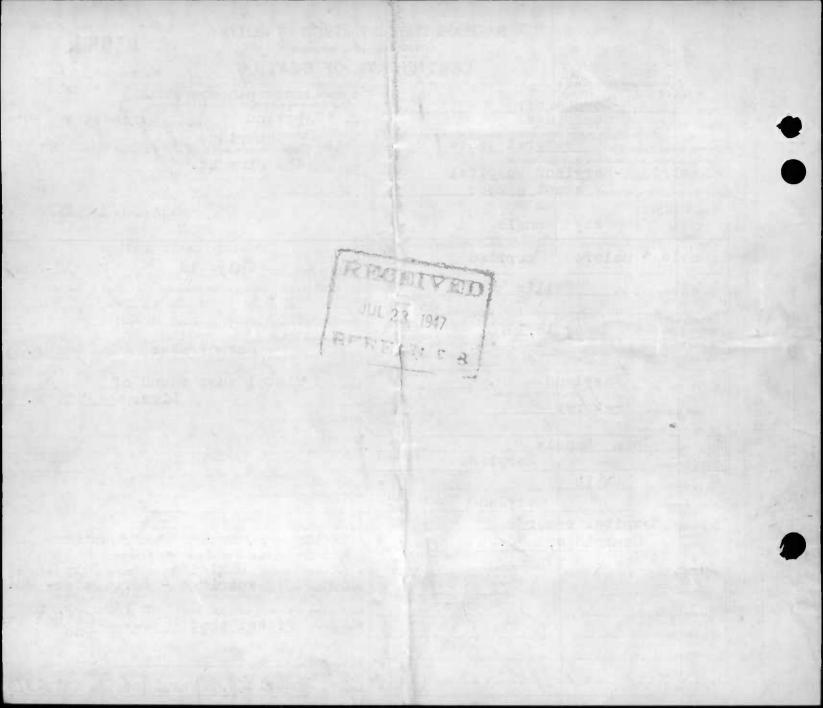
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF D	Damaha	atan		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester		
County	Cambrat	Are				
(If outside city or town limits, write RURAL and give nearest town)						
How long in above place	ce of death? Se	everal	years	City or town		
Nospital, institution,	or street address where	death occurred	d:			
Cambrid	ige-Maryla	and Ho	spital	Street No. 432 Pine St. (If rural, give LOCATION)		
How long in hospital	or Institution? abo	out }	hour			
3. (a) FULL NAM				2.(a) If veteran, name war		
3. (a) FULL NAM	Ray	Ennal	Ls		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	colored	mar	ried			
		-		20, DATE OF DEATH JULY 1	.9 1947	12-30A _M
D (/i) Name of huckans	d or wife	ellie	-?	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased trom
			25.2	X X 19	to X X	19
7. Birth date of			e) It alive, give ege 25 ? years	and that I last saw h	,	•
deceased (mo., day,	yr.) May	15,19	920			
8. AGE: Year		Days	If less than one day	Immediate cause of death	hage	hr.
27 2 4hrs. min.						
	Manufand			Pistol shot	wound of	***************************************
9. Birthplace	(Town,	county, and s	etate)	Due 10	Liver	
18 Reval occupation	Labore	r	The second second	•••••••••	TT AGT.	T 111.
11. Industry or busine		?	4 -	Due to		•••••
		al a		•		***
	VVIII LIIII	Mor	ryland	Dther conditions	***************************************	***************************************
		-		(Include pregnancy within 3 r	months of death)	
14. Malden name	Essie					
5 15 Richniges		Mary	rland	Major findings of operations		
				Autopsy results		
16. Informant	spital re					
Address	Cambridge	, Mo		PHISICIAN: Please underline the cause to wi	nich death should be charged	statistically.
1911	100		019/185	22. VIOLENCE: If death was due to external cau		
(Euriai, cremation	n, or removal Which?)	Date there	(month) (hay) (year)	Accident, suicide, or homicideHomici	de Date of J1	11y 18/47
Cemetery or cremat	(00-	ten	the last	Where did injury occur? Cambridg	e - Dorches	ter- Md.
1			Batter of	(City or town) Injured at home, farm, industry, public place (wi		
Location Control	IN TURE	The state of the s	12 Jall			Sethel St.
18. Funeral director	rusk	2)	(Bay news	Means of injury Pistol shot		
Address	rem V	25	de atma	23 SIGNATURE 18. Shrive	2. Del Med	Exame
9.		0	7511	23 SUBNATURE	y n	or other
19/	× × - 19 42	John	Registrar	Address Cambridge, N		
Date recal by re	cRiperst.)	//	Registrar	Address	mate signed.	

MARGIN RESERVED FOR BINDING



9 3d 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		2411 N. Charl	ea St., Baltimore 9 3d			
/		CERTIFICAT	TE OF DEATH	Reg. Dist. No.	116	
1. PLACE OF DEATH: County Dorcheste	r		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate			
City or town Ca bridg (If outside city or town if How long in above place of death?	l yes death occurre	r 7 mos. 9 ds Hospital	Clity or town Millington (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war.			
3. (a) FULL NAME	d Ever			3. (b) Social Secur	rity Number	
4. Sei Male 5. Color or race White		le, married, widowed, or divorced	MEDICA 20. DATE OF DEATHJuly 20	L CERTIFICATION	7 . 8 35	
6.(b) Name of husband or wite			21. I CERTIFY that death occurred on the date above stated; that I attended December 12 19 45 to July and that I last saw h. imalive on July 18		y 20 19 4	
8. AGE: Years Months	Days 19	It less than one day	Immediate cause of death			
9. Birthplace		40	Bronchopnuemonia l da Due to Chronic Myocardisis and Myocardial Due to Degeneration			
12. Name Levi Everet 13. Birthplace Q	ueen A	nne Aounty Maryla	And Psychosis with Cerebral (Include pregnancy within Smonths of death) Arteriosclerosis Major findings of operations. Date of op.			
14. Maiden name Becky Fe		Anne Cy. Maryland				
16. Informant Hospital Address Cambridge		and				
(Burial, eremation, or removal, Which?	Date the	reof July 3 1947				
1B. Funerat director	all.	ing low My	Maans of Injury 23. SIGNATURE	Injured at works	D or other	
19. Quely 21-19 47. (Date rec'd by registrar)	Jour	mace In M. Registrar	AddressCambridge Mar			

MARGIN RESERVED FOR BINDING

9.45-15M

A15 VS



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore e correct CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: M (For newborn infants give residence of mother) County... (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and City or town. How long in above place of death?.. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rurai, give LOCATION) information How long in hospital or instilution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i 20. DATE OF DEATH that death occurred on the date above stated: every it ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months If less than one day OF (Town, county, and state) 1D. Usual occupation. 11. Industry or business 12. Name important. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... PLAINLY, vis especially PHYStCIAN: Please nuderline the cause to which death should be charged statisticalty. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. (month) (day) (year (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did Injury occur? WRITE (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury

MARGIN RESERVED

Reg. Dist. No. 3. (b) Social Security Number DURATION (Conuty) (State)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05986

716

CERTIFICAL	Reg. Diat. No.		
1. PLACE OF DEATH: County Dorchester City or town Cambridge City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: 238 Race St. How long in hospital or institution? 52 Years 3. (a) FULL NAME Marcus A. Glover	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland Couoty Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. 238 Race St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH July 14, 19 47 at 2:30 F		
5.(6) Name of husband or wite. Illa M. Glover Died 8/2/1941) 7. Birth date of deceased (mo., day, yr.) Nov. 19, 1860	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947 and that I last saw h 200 alive on 6/21 - 1947 18		
8. AGE: Years Months Days If less than one day 86 7 25	Immediate cause of death. DURATION		
9. Birthplace Dorchester County, Maryland. (Town, eounty, and atate) 10. Usual occupation. 11. Industry or business 12. Name Not Known 13. Birthplace 14. Maiden name Not Known 15. Birthplace 11. III	Due to Due to Diher conditions Repeated degree attm (Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant Mrs. Mattie Merrick Address Cambridge, Maryland.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial July 17, 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory Cambridge Cemetery Location Cambridge Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director. LeCompte's Funeral Service Address Cambridge, Maryland. 19. July 18-19 John Mace J. Registrar	22 SIGNATURE M. D. or other Address Cambridge MM D. or other Date signed 7 16 1925		

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JUL 17 1947

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9-45-15M

A15 VS

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Buttimore

DEDOW!

CERTIFICA	TE OF DEATH Reg. Diat. No.	3/0Y/4/
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State	
3. (a) FULL NAME Reus Harker.	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single Frarried, wildowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH LLLY 2 7 15/7	3.5.20 P. N
6.(b) Name of husband or wife	21. h CERTIFY that weath occurred on the date above stated; that attended dec	27 1947
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day How the deceased (mo., day, yr.) 1. Birth date of 1879 1. Birth dat	Impediate suse of death Lufonite	DURATION 14 days
9. Birthplace	Our to Cardia Vascular ainal fliseury	
11. Industry or business than \$\frac{1}{2}\$ \tag{2}\$	Oue to Justiles melle ties	1934
12. Name. Illam, T, Harry. 13. Birthplace 14. Malden name. Naway C, Auset.	Other conditions	
14. Malden name Manay. C. Aule. 15. Birthplace 16. Informant Mus alphour Harker.	Major findings of operations. Date of op	
Address Address Date thereof Luly 1947	PHYSICIAN: Ptease underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	
(Byrial, eremation, or removal, Which?) Cemetery or crematory Cemetery or crematory	Where did injury occur?	(State)
18. Funeral director of Bulloughter. Address 6 and 7 200 Market.	Means of triury trijured at work?	en L)
19 July 30 1947 Elizabeth C Smith (Date reed by registrar)	23. SIGNATURE M. D. Address Lawarohug My Date signed	July 29 47

AUG 4 1947 BUREAU C 6 2411 N. Charles St., Baltimore

05988

CERTIFICATE OF DEATH

	Keg. Dist. No.		
1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Nicomico: Cily or town Salistury (If outside city or town limits, write RURAL and give nearest town) 223 South Division St.		
3. (a) FULL NAME Ringgolg B. Jackson	3. (b) Social Security Number none		
Male 5. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH July 27 1947 41 7.30		
6.(b) Name of husband or wife unmnown 6.(c) If allive, give age year 7. Birth date of deceased (mo., day, yr.) Sept. 28 1873	21: I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 10 47 July 27 10 47		
8. AGE: Years Months Days If less than one day	firteriosclerotic cardiovascular		
9. Birthplace	SUE 10.		
12. Nameunknown.	Other conditions Paresis 2 (Include pregnancy within 3 months of death)		
14. Malden name Annie Virginia Streett unknown	Majar fiadings of aperations. Date of op.		
16. Informant Hospital Records Address Cambridge, Martland 17. (Burlin, cremation, or removal, Which?) Cemetery or remaiory Location 18. Authoral Firectors Address 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.			

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and registry.

PLAINLY, W

WRITE

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star this death sue to serile parises or general paralyses of the insance

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CEPTIFICATE OF DEATH

2411 N. CF	harles St., Baltimore 46 &
CERTIFIC	ATE OF DEATH Reg. Dist. No. // C
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State mange (County Derelates)
ity or town	State County
ow long in above place of death?	City or town
oltal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
20 0 100/11 -1	
mas rough fundam	20. DATE OF DEATH
(6) Name of husband or wife Clarine V Jahsan	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(c) If allve, give age	rears 19
Birth date of 2.1 and Days	2 and that I last saw halive on
deceased (mo., day, yr.)) World	Immediain cause of death
14/1	Ca Smuch with mittalling
74 9hrs.	min. Saration; Imecialian, Una
Birthplace Closhale nd	Oue to Paralegees of yudalary 2 11.
	Cluffing swelley by swallogely
. Usual occupation	Due to Pasa Dharas Veral ar calle for as
. Industry or business	- Ca Malanaca Cintallas
12. Name galle yourson	Blue confitions questaly
12. Name galle for som	
Endlan -Male	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
E 15. Birthplace Donal James W	Date of op.
6. informant Melitela O Ganson	Autopsy results
Clark DO C	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Maria Mills 12	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Planker VO.	Where did Injury occur?
Cemetery or crematory.	
Location	Injured at home, farm, industry, public place (where?)
I guid H Barner	Means of Injury Injured at work?
18. Funeral director	1/1/2
Address Cambella alge	-23. SIGNATURE/Whom/soon 24)
fully x x 42 lot March	M. D. or other
Bate rec's by registrar)	trar Address auchu afr Date signed Jale 4

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9.45-15M

A15 SA



2411 N. Charles St., Baltimore

orrect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg.	Diat.	No.	116

4. See 5. Color or race 5. Colysights, married, vidowed, or diverced MEDICAL CERTIFICATION 20. Date of Death. 19.47, al 19.4		
City or town. (If contained city or forw) Indians, write KUIGH and give marked town) Weighted, institution, or street address where death occurred: Street No. City or town City care or over. Indians, with part City or town City care or over. Indians, and give marked town) Weighted, institution, or street address where death occurred: Street No. City or town City care or over. Indians, with part City or town City care or over. Indians, with part City or town City care or over. Indians, with part City or town City care or over. Indians, with part City or town City care or over. Indians, with part City or town City care or over. Indians, with part City or town City care or over. Indians, with part City or town City or town City care or over. Indians, with part City or town Ci	Nochemin	(For newborn infants give residence of mother)
Missisted Miss	City or town	
How long in hospital or Institution? 3. (c) FULL NAME 4. Set 5. Color or race 6. Coloration, indexed, or divorced MEDICAL CERTIFICATION 20. BATE DE BEATH 21. LORRIFF that death Secured on the data above states, that I altiended deceased from the state of th	How long In above place of death?	
3. (a) FULL NAME 4. Sea		
4. See 5. Color or race 5. Colysights, married, vidowed, or diverced MEDICAL CERTIFICATION 20. Date of Death. 19.47, al 19.4	How long in hospital or institution?	2.(a) If veteran, name war
8. (b) Name of husband or wife	3. (a) FULL NAME	3. (b) Social Security Number
5.(b) Name of husband or wife. 5.(c) It aline, give age years and that I last saw head a salive on the date above stated; that I attended doceased from 19.4.7. 3. AGE: Years Months Days If less than one day It less th	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. Birth date of deceased (no. day, yr.) Solid ball of death (no. day, yr.) Solid ball ball ball ball ball ball	on en comunical	20. DATE DF DEATH
7. Birth date of deceased (no., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Months Days If less than one day 10. Usual occupation. 11. Industry or business 12. Hame Dither conditions 13. Birthplace of the decease of cancers Which District only the cancer to which death should be charged statistically. Address Date of op. Antipay results. Physician and that I last saw h. and alive on	S.(b) Name of husband or wife. Louis Janes	
Birthplace Commence Commenc		
8. AGE: fears Months Dys If less than one day hrs. min. Due to. Due to. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. Major findings of operations. Date of op. Antippy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Date thefeel. Completely or crematory Location. Date thefeel. Completely or crematory Location. Date of op. Antippy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of Op. Accident, suicide, or homicide. Date of City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of injury Injured at work? M. D. or other	deceased (mo., day, yr.) mav. al /, 18/2	
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Informant (Include pregnancy within 3 months of death) 17. Major fisadings of operations. 18. Function or comment (Include pregnancy within 3 months of death) 19. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: (Eurial, commence of comment (Include pregnancy within 3 months of death) Major fisadings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? M. D. or other	8. AGE: Years Months Days If less than one day	Consideration of The
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Cemerial, quantity 18. Funeral director Address 19. Where did injury occur? 19. Country 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant 17. Autopsy results. 18. Physician, quantity 19. Cemeral or succeeding the cause to which death should be charged statistically. 18. Funeral director 18. Funeral director 18. Funeral director 19. Address 19. Address 10. Usual occupations. 10. Include pregnancy within 3 months of death) 19. Autopsy results. 10. Physician was due to external causes, fill in the tollowing; 19. Accident, suicide, or homicide. 10. Occupations. 10. Usual occupations. 10. Include pregnancy within 3 months of death) 10. Major findings of operations. 11. Include pregnancy within 3 months of death) 12. Violance of operations. 13. Bate of op. 14. Maiden name. 15. Birthplace 16. Informant 17. Autopsy results. 18. Physician: Physician within 3 months of death) 19. Autopsy results. 19. Physician was due to external causes, fill in the tollowing; 19. Accident, suicide, or homicide. 19. Date of op. 10. Usual occupations. 10. Usual occupations. 11. Include pregnancy within 3 months of death) 12. Violance occupations. 13. Bate held of op. 14. Maiden name. 15. Birthplace 16. Informant 17. Autopsy results. 18. Physician was due to external causes, fill in the tollowing; 19. Accident, suicide, or homicide. 19. Occupations. 10. City or town) 10. Country) 11. Occupations. 12. Violance occupations. 13. Bate held of op. 14. Maiden name. 15. Bate held of op. 16. Informant occupations. 16. Informant occupations. 17. Occupations. 18. Date held of op. 18. Date held of op. 19. Date held of op. 19. Date held of op. 19. Date hel	3 5 3 6hrsmin.	Brother Hand. 7 mo.
11. Industry or business 12. Name	9. Birthplace (Town, county, and state)	
12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Address 17. (Burial, Committee of remarks) Mishin Cemetery or crematory Location Location Address Address Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Major findings of operations Date of op. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of country) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? M. D. or other	10. Usual occupation	
12. Name		
t4. Malden name ### 14. Malden name ### 15. Birithplace ### 15. Birithplace ### 16. Informant ### Address ### Address ### 16. Informant ### Address ### Address ### 16. Informant ### Address ### Address ### Address ### Address ### 16. Informant ### Address ### Address ### Address ### Address ### Informant ### Address ### Informant ### Info		
to. Informant Address Date theleof. (month) (day) (year) Location Location Address Address Address Address Address Antiopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work? M. D. or other		(Include pregnancy within 3 months of death)
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the toilowing: (Burial, operation or remeated White?) Cemetery or crematory. Location. Location. Location. Address. Address. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? Means of injury injured at work? M. D. or other	E 14. Maiden name Illury Frances	
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? M. D. or other	E 15. Birtholace Dropers Island	
Address Candridge Manager Statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	4 Panie Vance	
22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	1 . 0 6 South	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory Where did Injury occur? (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Address 23. SIGNATURE P. T. Industry M. D. or other	Address 6 ambridge 7/0/1/2	22. VIOLENCE: It death was due to external causes, Illi in the tollowing:
Cemetery or crematory Where did Injury occur? (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Address 23. SIGNATURE P. T. Industry M. D. or other	(Rurial francisco or removed Wilder)	
18. Funeral director. Address Address		Where did injury occur?
18. Funeral director Manager Means of Injury Injured at work? Address 6 and Manager M	Location Hospitale	Injured at home, farm, Industry, public place (where?)
Address 6 amle, my. 23. SIGNATURE P. T. Taccel M. D. or other	1 B/ 1304 Drown	
7-9- 1/2 (1.0 m. 14 m.)	11 a comple	23 SIGNATURE P. H. Tarrel
THOSE FOR CONTRACT Indexes 1 Indexes	19. 7-8-1949 John Marsh. m. (Date rec'd by registrar) Registrar	Address la suscribe 2 2 Date signed July 9, 174.



2411 N. Charles St., Baltimore

o 93d

CERTIFICATE OF DEATH

		. /
 D	B.T.	116

1. PLACE OF DEATH: County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr 26 days		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester				
					Foot Now Manles	
		Cily or town (If outside city or town limit	ts, write RURAL and give near	est town)		
		Hospital, Institution, or str	reet address where	death occurred	1:	Street No.
Eastern Sho	ore State	Hospi	tal		e LOCATION)	
How long in hospital or in	slitution?1	yr. 2	6 days	2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security 1	lumber
Samuel A	. Jones					
	i. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	P.
male	white		Single	20. DATE OF DEATH July 28	19.4.7	
6.(b) Name of husband or	wife			21, I CERTIFY that death occurred on the date ab	ove stated; that I attended decea	sed from
6.(0) Name of nusuand of	**I*C			July 1	46 to July 28	194.7
7. Birth date of	493. 3	5.(c) If alive, give ageyears	and that I fast saw h. imalive on	Ly 28	194.7
deceased (mo., day, yr.)	rebrua	ry	, 10/0	Immediate sause of death Chronic	Myocarditis	DURATION
8. AGE: Years	Months	Days	If less than one day	and Myocardial	Degeneration	
77	5	1				
a Birthalaca East.	New Mark	cet. Do	orchester Co., Md.	Due to		
5. Dil ilipiaecaaaaaa.m		county, and	state)	Senility		
1D. Usual occupation	none		***************************************	Due to		
11. Industry or business						
El 12 Name Dr.	George .	ones		Diher conditions		
13. Birthplace Pri						
		-		(Include pregnancy within 3	months of death)	
14. Maiden name	Milhelanr	ieAusi	in	Major fiediogs of operations		
15. Birthplace	unknown				Dale of op	
16 Informant Easte	rn Shore	State	Hospital Records!	Aotopsy results		
	ridge, Ma			PHYSICIAN: Please underline the cause to w	which death should be charged	tatistically.
Address Camb	Tuge, me		7/21/17	22. VIOLENCE: If death was due to external ca	ouses, fill in the following:	
(Burial, cremation, or	r removed Which?	Dale ther	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory	- less	reter	4_	Where did Injury occur?(City or town)	(Combin	(State)
Cemetery of Crematory		no	a Market mil	Injured at home, farm, industry, public place (s		
Location	ages	July	I word in		/ Injured at work?	
18. Funeral director	Juth,	S. 1.	elloughby	Means of Injury	injured at Forkt	
Address Cas	t ne	w m	asket The	1	III Am	um/so
7/10/	17	0	2 2	23. SIGNATURE Grace M. Brans	combe, M. D. D. D.	r other
19. / / 2 5/	19. Y.	tot	in mareful	- TO	ate for a state of	7 20 17
19. (Date/rec'd by /egis	tror)		Hegistrar	Address Easyerin Shore St.	a.u.c	With Miles

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	(15	9	9	2	
Reg.	Dist.	No.		1 1	5	

	Reg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County LO OUNCELLO CHY OF FISHING CREEK	(For newborn infants give residence of mother) State Mary Cand County Drumen		
(If outside city or town limits, write RURAL NEAR and give town)	1 his in Buch		
Street address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and give town)		
A	Street No.		
Slay in hospital or inst. (yrs., or mos., or days) _ More	(If rural give LOCATION)		
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR _ V. OV.		
BFFIE - INELL - MI	EEKINS. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
temas white married.	20. DATE OF DEATH 24 19 × 7 . 91 3. M		
8 (b) Name of husband or wife ge or ge Devery Meeking	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	21. I CERTIFY that death governed on the pare above states; that I attended deceased from		
7. Birth date of	and that I last saw here alive on July 2x 19 47		
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0		
8. AGE: Years Officially Days It less than one day	Immediate canse of death DURATION		
39 1 9hrsmin.	Carenoma of allers 18		
9. Birthplace - Wellowback, L. U. L. (Town, county, and state)	Que to		
(Town, county, and state)			
10. Usual occupation Course with	Que to		
11. Industry or business own home			
# 12. Name Suusan Hale = HALE	Other conditions		
Z 13. Birthplace Vuginia			
14. Malden name alice Onell-Hale-	(Include pregnanc) within 3 months of death) Major findings: PHYSICIAN		
15. Birthplace Virginia	Dt operations		
has le	the cause to whic death should be		
10.00	Dt autopsy charged statistically.		
1 000014 0 000	22. VIOLENCE: If death was treate external carses, till in the following;		
17. Burnal (Burlal, cremation, or removal. Which?) Date thereot 126-194-7 (month) (day) (year)	Accident, suicide, or homicide.		
Cemetery or crematory Hossen Memnia Cemeters	Where did injury occur?		
	(City or town) (County) (State)		
Location	Injured at home, tarm, industry, public place (where?)		
18. Funeral director Decompt Currend Service	Means of injury Injured at work?		
Address Cambridge, md.	Agus Silvanos has		
Jun 26 47 A Com With Care	23. SIGNATURE M. D. or other		
19. (Date reg d by registrar)	Address Vishing Cel Date signed Luly 25/		



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05993

1. PLACE OF DEATH: county Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Pune 1 - Toddari 11 a	State Maryland county Dorchester
City or town Pural-Toddville (If outside city or town limits, write RURAL and give nearest town)	*********
How long in above place of death?	City or town. Rural-Toddville (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Toddyille
Toddbille	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Connor S. Meredith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. July 29 19 47 ,21 2: DA
6.(b) Name of husband or wife. Maggie Bell	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
5.(c) It alive, give age 64	
7. Birth date of	and that I last saw h Mag. alive on July 18/K 7 19
	Immediate cause of death DURATION
0. 302.	Csvonau j Occ/ usion
9. Birthplace Toddville, Dor. Co., Md. (Town, eounty, and state)	Due to Aggressian CVRD
10. Usual occupation Ship Carpenter	
11. Industry or business Ship Building	Due to
3 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name Hester Cannon	Major findings ol operations.
14. Malden name Hester Cannon 15. Birthplace Maryland	Date of op.
	Autopsy results.
	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Toddville, Maryland.	22. VIOLENCE: It death was due to external causes, fill in the following;
Burial Date thereot July 31 1 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year	
Cemetery or crematory Dorchester Memorial Park	Where did injury occur?
Location Cambridge, Maryland.	Injured at home, tarm, Industry, public place (where?)
ts. Funeral director LeCompte's Funeral Serivee	Msans of Injury Injured at work?
Address Cambridge, Maryland.	11 (nomboses un)
0 0 0	23. SIGNATURE M. D. og other
19. 7-3/- 19 47 John Mare J. Res	gistrar Address auskudal WK Date signed July 3/1



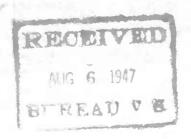
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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLAÇE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Dorchester	(For newborn infants give residence of mother)		
City or town. Photographic City or town limits, write RURAL and give nearest town)	State Maryland County Dorchester City or town Rhodeadale - Rural		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Year Eldorado		
New Elderado	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Cora H. Payne	3. (b) Social Security Number *		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Finale White Widowed	20. DATE OF DEATH July 24 19 47 at 2:05 4.		
6.(b) Name of husband or wife Nalter Benjamin Pagne	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of	and that I last saw h end alive on July 2 8 18.47		
deceased (mo., day, yr.) July 5, 1863	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Cerebal Hemorhage 10days		
84 0 19hrsmin.			
9. Birthplace Doubester County Mayland (Town, county, and atate)	Due to		
10. Usual occupation. Housework			
11. Industry or business Home	Due to		
11. Mussily of business			
12. Name William J. Hurlock 13. Birtholace Doublester County, Maryland	Other conditions		
14. Malden name. Makaley Thomas 15. Birthplace Dorchester County, Maryland 16. Informati Mrs. Osborne Marine	(Include pregnancy within 3 months of death)		
D 1 + 10 7 7 76 . 6 . 1	Major findings of operations		
E 15. Birthplace dorchester county margana	Date of op.		
16. Informant Mrs. Osborne Marine	Antopsy results		
Address Rhodesdale Maryland R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Gural (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Eldorado Centery	Where did Injury occur?		
End to March the			
Location Cldorado Marylank	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director of f. Frampton and for			
Address Federalsburg Mayland	23. SIGNATURE J. D. Tukhnun		
1. July 29 10 47 Ho & solmon	Dunklom Ret 1/24/47		



PLEASE WRITE PLAINLY, '

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

05995

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: county Dorchester City or town Rural-Toddville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: Toddville					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Rural-Toddville (If outside city or town limits, write RURAL and give nearest town) Toddville (If rural, give LOCATION)		
		titution?			2.(a) If veteran, name war. 3. (b) Social Security Number		
3. (a) FUL	LNAME	Ja	mes Mi	ilton Robinson			
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced Widowed				Vidowed		CERTIFICATION July 24 19 47 at 10: 1	
(Died	5/30)/1925)	20, 18		21. I CERTIFY that death occurred on the date	1947 10 Jack 17 1947 EG 11 1947 15	
8. AGE:	Years 85	Months	0ays	It less than one day	Chancerney	o-certain 6 mo	
9. Birthplace Toddville. Dor. Co., Md. (Town, eounty, and atate) 10. Usuat occupation. Waterman—Farmer 11. Industry or business Retired 12. Name Slater Robinson 13. Birthplace Maryland				er	Other conditions		
14. Malden name Mary Jones 15. Birthplace Maryland 16. Informant Mr. Preston Robinson					Major findings of operations	Date of op.	
Address Toddville, Maryland 17 Burial Date thereol July 26, 1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory Zion M. E. Cemetery				and ol. July 26, 194' (month) (day) (year) Lemetery	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	causes, fill in the following; Oate of	
1B. Funeral d	Cambr		's Fur Marvla	eral Service	Msans of Injury	(where?) Injured at work? M. D. or other Pref. Date signed 7/25/47.	



THE RESERVE OF THE PARTY OF THE

2411 N. Charles St., Baltimore 132

05996

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Dorchester City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town. City or town. City or town. City or town limits, write RURAL and give nearest town)		
Cambridge Maryland Hospital	Street No. Toddville (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Willis James Robinson	os (o) botal betally hamos		
4. Sex Male S. Color or race White Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Quare 9, 1910	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 UNE 1947 to 15 JULY 1944		
8. AGE: Years 6 Months Days If less than one day 7hrsmin.	CONGESTIVE CARDIAC		
O. Birthplace Toddville. Dor. Co. Maryland (Town, county, and state) [Town, county, and state]	Due to		
11. Industry or business			
12. Name William O. Robinson 13. Birthplace Maryland	Other conditions UR EM / A .: Cause sendetermines		
13. Birthplace Maryland	Patient on 3 tries driving 3 months of death (Include pregnancy within 3 months of death) "doubtful positive" blood syphiles test [9/17/47 or Major finding) of operations.		
14. Maiden name. Bessie Hoffman 15. Birthplace Maryl. and	"doubtful positive blood syphiles test 19/17/470		
15. Birthplace Mary.l. and	- Oate of op.		
16, Informant Mr. W. O. Robinson Address Toddville. Dor. Co., Md.	Autopsy results		
Burial Oate Ihereof July 17, 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory Zion Church Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Toddville, Maryland.	Injured at home, farm, industry, public place (where?)		
tt. Funeral director LeCompte's Funeral Service	Masns of Injury Injured at work?		
Address Cambridge, Maryland.	Halter & Humborn M)		
19. (Date rec'd by registrar) 18 +7 John Mee Jen	Address CAMBRIDGE MD Date signed 6 JULY		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct respectively important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05997

County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months 29 days Hospital, institution, or streel address where death occurred: Castern Shore State Hospital How long in hospital or institution? 2 months 29 days 3.(a) FULL NAME Marion T. Ross			g days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset City or town Crisfield (If outside city or town limits, write RURAL and give nearest town) Street No. R. F. D. # 2 (If rural, give LOCATION) 2.(a) If veteran, name war. MEDICAL CERTIFICATION			
4. Sex	5. Color or race		narried		3.5. 4		
male white married 8.(b) Name of husband or wife Mary Ross 8.(c) If alive, give age 71 years 7. Birth date of deceased (mo., day. yr.) January 14, 1877			c) If alive, give age 71 years	20. OATE OF DEATH JULY 8 19. 47. al. 3. 21. I CERTIFY that death occurred on the date above stated; that I etlended deceased from April 16 19.47, to July 8 and that I last saw h im alive on July 8. Immediate cause of death	n 1947		
8. AGE: Year		Days	If less than one day	Cerebral Hemorrhage			
70	5	30	hrs min.				
9. Birthplace Pomocoke City Somerset County, Mary— (Town, county, and state) land 10. Usual occupation Farmer 11. Industry or business 12. Name John Ross 13. Birthplace unknown				Oue to Cerebral Arteriosclerosis Oue to Other conditions Psychosis with Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)			
14. Maiden nameunknown				Major findings of operations			
16. Informant Eastern Shore State Hospital Records!			1	Autopsy results			
(0.0)	n, or removal, Which?)	Date then	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	H		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

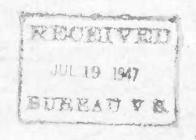
	Reg. Diat. No.
1. PLACE OF DEATH County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No.
How long In hospital or Institution?	(If rural, gave LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	Clair
femle colon manual	MEDICAL CERTIFICATION 20. DATE OF DEATH 1947 21/2/15 6 M
Q.(b) Name of husband or wife Herbert M & Clair)	21. I CERTIFY that death occurred on the date above stated; that datended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I set saw has alive on 19.4.7 Immediate cause of death OURATION
9. Birthplace Caswell New Maxieu	Due to Communa Break & Vigo
10. Usual occupation	Due to
11. Industry or business 12. Name 13. Birthplace 13. Birthplace	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name 13. 15. Birthplace 2dmonton, Ky	Major findings of operations. Date of op. 7/15/4.5
Address allereners New Mexico	Autopsy results
17. Burial oremation, or removal. Whield) Date thereof Suly 17 (947) (month) (day) (year)	22. VIOLENCE: It death was due to externat causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Wavoh Cemetery	Where did injury occur?(City or town) (County) (State)
18. Funeral director H. W. B. Flace & Sox	Injured at home, farm, Industry, public place (where?)
Address latiouritge Mil	23 SIGNATURE Carrey Mr M-Clay MAS
19. July 6-19 John Macel mul (Date rec'd pregistrar) Registrar	Address On Red

MARGIN RESERVED FOR BINDING

WRITE PUAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE



2411 N. Charles St., Baltimore

3	TE OF DEATH Reg. Diat. No. //
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Reid's Grove (If outside city or town limits, write RURAL and give nearest town) Street No. X (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Elwood Junior Smullens or 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Morre
male colored single	MEDICAL CERTIFICATION 20. DATE OF DEATH July 21 1947 21-45P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION X
9. Birthplace Dorchester County, Md. (Town, county, and state) 10. Usual occupation none 11. Industry or business X 12. Name Elwood Dennis 13. Birthplace Md.	Due to Brain cavity entirely emptied Other conditions X
14. Malden name. Juanita Smullens 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations
Address Reid's Grove, Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Reid's Grove Cemetery Location Reid's Grove, Maryland 18. Funeral director Address Federalsburg, Maryland 19. July 23, 1947 Date thereof July 23, 1947 (month) (day) (year) (month) (da	Accident, suicide, or homicide Accident Date of July 21/47. Where did injury occur? Reid's Grove-DorMd. (State) Injured at home, farm, industry, public place (where?) on State Road Maana of injury Automobile injured at work? no 23 Stenature T. Shaira Day, M. D. ovother Cambridge Md



9-45-15M

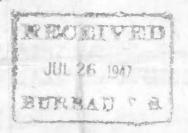
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

				,/
Reg.	Dist	No.	0.13	16

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (11 outside city or town limits, write ECRAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Clary Shirely	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
flame Koland	20. DATE OF DEATH 22 - 19 47 21 5: 17 F
6.(b) Name of husband or wife, And Aol	21. I CERTIFY That death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw h alive on 19.
deceased (mo., day, yr.)	Immediai- crase ol death
8. AGE: Years Months Days If less than one day	Ca applyman J- Curdi ?
9. Birthplace. Lake Mall wd	Due to.
10. Usual occupationLaboration	Due to
11. Industry or business	
12. Name fatre Halvill	Other conditions Stangattery anesica 3 Miles
14. Maiden name Clave fricts 15. Birthpiace Downt Runous 15. Birthpiace Downt Runo	(Include pregnancy within 8 months of death)
15. Birthplace . La out Rum	Major findings of operations.
16. Informant Julia andborn	Antoppy results.
Address 44 Centrell St	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Linsely Coast	Where did injury occur?
Location Church Sulp	injured at home, farm, Industry, public place (where?)
18. Funeral director. Length 13. ayrılın	Msans of Injury Injured at work?
Address Cambinage na	23. SIGNATURE M.D. or other
19. 7/25 19 47 John Mace of mid	Address Cambred & Md Date signed All g 253



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06001

1. PLACE OF DEATH: county Dorchester City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State District Col. County Springs Mashington Silver Springs M			
How long to above place of death?	City or town (If outside city or town limits, write RURAL and give nearest tryen) Street No. 2 (If rural, give LOCATION)			
How long in hospitat or institution?	2.(a) tf veteran, name war			
3.(a) FULL NAME Donald Richard Sweetman	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Msle White Married	20. DATE OF DEATH. July 19, 19 47 at 10 40Pm			
5,(6) Name of husband or wife. Nina Dean 5.(c) If alive, give age. 43 years	21. I CERTIFY that death occurred on the date above stated; that Jattended deceased from			
T. Birth date of deceased (mo., day, yr.) Optober 26 1895	and that I last saw h warm on a common 18			
8. AGE: Years Months Days If less than one day 5/8/23hrsmin.	Immediate cause of death Cerebral Cerebral 40 Mins			
9. Birthplace Washington. D. C. (Town, county, and atate) 10. Usuat occupation Confluence	Due 10.			
11. Industry or business Building	Dus t 0			
12. Name Michael Sweetman 13. Birthplace Ohio	Other conditions Zaaca			
14. Malden name Mary T. Nockely 15. Birthplace Ohio Mr. John R. Sweetman	(Include pregnancy within 3 months of death) Major findings of operations.			
18. totormant Mr. John R. Sweetman	Date of op.			
16, Interment July 1	Autopsy results			
Address 8428 Pine Beach Crt., Wash. D.C Purial (Burial, cremation, or removal, Which?) Date thereof July 22, 1947 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide			
Cemetery or crematory Fort Lincoln Cemetery	Where did injury occur?			
Location Washington, D. C.	Injured at home, farm, industry, public place (where?)			
18. Funeral directo LeCompte's Funeral Service	Means of Injury Eldridge Heloeffeus acling			
Address Cambridge, Maryland. 19. July 20 18 47 John Marafu Trail (Date ree'd by gristrar) (Date ree'd by gristrar)	23. SIGNATURE Defect of Medical Manual M. D. or other M. D. or other Date signed 7-20-47			
(Late ree'd by pegistrar) Registrar	Address Date signed Date signed			



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

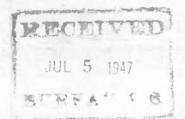
	Dist	MI.	NG
102.	L/IST.	LAO.	

	100. 110
1. PLACE OF DEATH: Dar chetter	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Maryland county Darelester
	City or town
How long in above place of death?	Street No. 324 Rolbins St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Itamale C. It	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Juste a ma merice	20. DATE OF DEATH CLLY 19 4 (a) S P
James & Told	21. I CERTIFY that death occurred on the date appre etated; that I attended deceased from
6.(b) Name of husband or wife 6.(c) If alive, give age, 7.3 years	0.500 200 0000 00000 10000
7. Birth date of Section 18 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that I last saw heap alive on Delleft 1 1947
deceased (mo., day, yr.)	Immediate cause of death Laboration DURATION
8. AGE: Years Monthe Days It less than one day	3 dags
72 /0 23hrsmln.	
9. Birthplace darches at	Due to
Tousework	
1D. Usual occupation	Due to
11. Industry or buelnese	
12. Name Cachard & Joda 13. Birthplace Ware Co	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name arreline Tolunda 15. Birthplace	Major findings of operations.
15. Birthplace	Date of op.
16 Informant Mrs 130yd Luckey.	AAulopsy results
and Rahle St On alle de de	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1 10 10 10 10 10 10 10 10 10 10 10 10 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or company Dodd Lawing Centeley	Where did injury occur?
i Wurgate And	Injured at home, farm, Industry, public place (where?)
Location	Mesne of injury injured at work?
18. Funeral director.	
Address Cimbridge, Md.	23. SIGNATURE P. M. Jaswel
1. 7-3- 147 Aby March m	M, D, or other
19. (Date sec'd by registrar) Registrar	Addrese Baulheige, Het Date signed 7/2/47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case of death clearly and legibly is especially important. Physicians: please write the causes of death clearly and legibly

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PLEASE



2411 N. Charles St., Baltimore

06003

CERTIFICATE OF DEATH

Reg. Dist. No. 116

	1. PLACE OF DEATH: SESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give reaidence of mother)
	County Carbolic Col	State Maryhand County Parchenter
	City or town(If outside city or town lights, writ RUBAL and give newest town)	City or town Cambridge Mh
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Hospital, institution, or street address where death occurred:	Street No
	How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME		3. (b) Social Security Number
	Hubertin- Kas	ahu
ì	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ĺ	mal Co - Sunge	20. DATE DE DEATH JULY 22 18.4 3-A M
ı		21. I CEPTIEY that death occurred on the date above stated; that I attended deceased from
l	6,(b) Name of husband or wife	(may 50 184), 10 July 7 184)
	7. Birth date of 7 c) 10 c 2 l 4 (a)	and that I last saw high maalive on 19
	deceased (mo., day, yr.) 30 duele 1994	Immediair cause of death DURATION
	8. AGE: Years Months Days If less than one day	Momenta been deser by
	(a) 15min.	
	9. Birthplace Saltan (Town, county, and state)	Due to
	10. Usual occupation	
I		Due to
	11. Industry or business	Other conditions W. Zewen 3 mcs.
	12. Name Marchael Joneson	
		(Include pregnancy within 3 months of death)
	14. Maiden name Clocka Mary 15. Birthplace Lovel Bulance	Major findings of operations.
	E 15. Birthplace Loys Oswige MC	Date of op
	16. Informant Clored Navoyhum	Antopsy results
	Address Campendal nd	
	12 Chweich Cellhaie thereof July 24-4	7 22. VIOLENCE: If death was due to external causes, fill in the following;
١	(Burial, cremation, or removal, Which!) (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory GOL field	Where did Injury occur?
	Location Chulch Chile	Injured at home, farm, Industry, public place (where?)
	Levis HOgymer	Msans of Injury Injured at work?
	Address Camberral of mad	(le broket muller mo.
	Que 14. 42 for mare do no	23. SIGNATURE M. D. or other
	(Date reo'd by registrar) (Date reo'd by registrar)	Address Date signed 14 4)

